



City of Shoreview  
4600 Victoria Street North  
Shoreview, MN 55126  
P. (651) 490-4600 | F. 651-490-4699

## 2017 Tree Trimmer License Application

### Applicant Information

*If applicant is an individual, this application shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.*

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Website: \_\_\_\_\_

MN Business Tax ID No. \_\_\_\_\_

(per MN Stat. § 270C.72)

Federal Business Tax ID No. \_\_\_\_\_

Licensing Contact Name \_\_\_\_\_

Licensing Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have ISA Certified Arborists on staff? ☐ Yes ☐ No

Do you provide root graft barrier installation? ☐ Yes ☐ No

Do you use chemical substances in any activity related to treatment or disease control? ☐ Yes ☐ No

*If yes, attach copy of "Commercial Pesticide Applicator" license issued by the*

*Minnesota Department of Agriculture.* ☐ Attachment

Which of the following preventative treatments do you provide?

a. Fungicide injections for oak wilt? ☐ Yes ☐ No

b. Fungicide injections for Dutch elm disease? ☐ Yes ☐ No

c. Insecticide injections for emerald ash borer? ☐ Yes ☐ No

**This application is incomplete without Proof of Insurance, MN Workers' Certificate of Compliance, Surety Bond, and Application Fee.**

**ANNUAL LICENSE FEE: \$50.00 | ALL LICENSES EXPIRE DECEMBER 31<sup>ST</sup>.**

## Certificate of Insurance Requirements

All contractors must have a certificate of insurance made out to the City of Shoreview in the amounts of:

\$200,000 per claimant (minimum)

\$600,000 per occurrence for injuries to persons

\$200,000 for property damage

Certificate of insurance must be on file before an application is approved.

## Certificate of Bond(s) Requirements

Tree contractors must supply a Surety Bond in the amount of \$2,500 that states the type of work to be performed. Licenses are approved by the City Council at the regular monthly meetings.

If you have questions, please call **Shoreview City Hall at 651-490-4600**.

## Notice and Signature

I, the undersigned, hereby certify that the foregoing information in this application, furnished by me, is true and correct to the best of my knowledge. I further understand that providing any false information on this application will be cause for denial.

The information requested on this form will be used by the City of Shoreview in the issuance of your license or processing of your renewal application. The information that you supply on this form will become public information when received by the City of Shoreview. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

X \_\_\_\_\_

*Applicant Signature*

*Date*

**THE LICENSE APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL PAPERWORK HAS BEEN RECEIVED. THIS INCLUDES THE INSURANCE AND BOND REQUIREMENTS.**

**CITY HALL MUST BE CONTACTED TO ENSURE THAT THE LICENSE IS COMPLETE BEFORE SITE WORK IS STARTED.**

Updated 07/15

*For office use only*

Date appl. rec'd/fee paid \_\_\_\_\_ Amount \$ \_\_\_\_\_ Receipt no. \_\_\_\_\_

Approve/Deny \_\_\_\_\_ License no. \_\_\_\_\_ Updated to website \_\_\_\_\_